

STIC Database Tracking Number: 324466

To: Eliza Squires
Location: KNX 5B29
Art Unit: 3626
Date: 03/15/2010
Case Serial Number: 10/748477

From: Heidi Myers
Location: EIC3600, KNX 4A70
Phone: (571) 272-2446
heidi.myers@uspto.gov

Search Notes

10/748477

COMPUTERIZED SYSTEM AND METHOD FOR GENERATING AN IMMUNIZATION SCHEDULE
IN A HEALTHCARE ENVIRONMENT

Dear Examiner Squires:

Please find attached the results of your search for the above-referenced case. The search was conducted in Dialog.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

**EIC-Searcher identified "potential references of interest" are selected based upon their apparent relevance to the terms/concepts provided in the examiner's search request.*

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I. Potential References of Interest

25/3,K/6 (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2010 Gale/Cengage. All rts. reserv.
09479332 Supplier Number: 83366342 (USE FORMAT 7 FOR FULLTEXT)
FEATURE/Keane Provides Immunization Registry for Ohio Department of Health;
Provides Physicians Immediate Access to Vaccination Histories.
Business Wire, p2077
March 1, 2002
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 796

... thorough immunization records. In addition, the systems provides a literal 'shot in the arm' to our communities."

The system provides physicians with the complete vaccination history of all patients including adverse events, dates of last immunization, and missed vaccines. Patient records are updated real-time and personalized immunization reports are emailed directly to health care providers. Immunization reports are compiled online and vaccination scheduling is handled automatically through reminder notifications sent via email and U.S. mail. The system can also be easily adapted to include and track immunizations administered in response to a possible...

25/3,K/4 (Item 4 from file: 20)
DIALOG(R)File 20:Dialog Global Reporter
(c) 2010 Dialog. All rts. reserv.
08274628 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Pediatric Immunization Management Simplified by PRISM Software
BUSINESS WIRE
November 17, 1999
JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 704

...CDC, state and federal requirements.

PRISM, a product of Enterprises Computing Services, Inc. (ECS), simplifies and enhances immunization management, allowing clinicians to maximize time with patients while minimizing time performing record keeping, reporting, and patient scheduling. It automatically tracks immunizations, calculates due dates, controls vaccine inventories, and prints all necessary reports and certificates easily. Key benefits of PRISM Software include streamlining the process of immunization management; saving valuable staff time and money; helping maintain regularly scheduled patient visits; maintaining accurate immunization history; and managing inventory.

28/5/12 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0079625269 EMBASE/Medline No: 2003333343

Tracking vaccination rates among HIV-positive patients with a
computerized reminder system

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Beach, FL 33410-6400, United States

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CORRESP. AUTHOR EMAIL: marisel.segarra-newnham@med.va.gov

Hospital Pharmacy (Hosp. Pharm.) (United States) August 1, 2003, 38/8
(758-762)

CODEN: HOPHA ISSN: 0018-5787

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 18

Objective: This study determined vaccination rates at a Veterans
Affairs HIV clinic before and after the 1997 implementation of a
computerized reminder system. Methods: Before implementation of a
computerized reminder system, vaccinations were not always recorded
on patients' medical records. After implementation,
vaccinations were documented in the computer record and the system
alerted providers when patients became due for a pneumococcal
vaccine, tetanus booster, or other immunization. Charts for all
patients (n = 211) enrolled in the HIV clinic were assessed for
vaccination dates. Vaccination rates for patients (n = 71)
enrolled before 1997 were compared with rates for patients (n = 140)
enrolled after the computerized system was installed. The new system
enabled the clinical pharmacist to monitor vaccination rates on a
quarterly basis and facilitate patient appointments. Results:
Vaccination rates for patients enrolled before 1997 were 100%
for initial pneumococcal vaccination and 100% for tetanus.
Seventy-six percent of patients due for a pneumococcal vaccine booster had
received it. In contrast, patients enrolled after 1997 had
vaccination rates of 94% for pneumococcal vaccine; eight recently
enrolled patients did not have documentation of vaccination. The clinical pharmacist
scheduled these patients and the rate increased to 97%. Due to a product shortage, only
61% of patients enrolled after 1997 had received tetanus vaccine. Conclusions: A
computerized reminder system allows for reliable tracking of vaccination rates and can
be used by pharmacists to improve preventive care for HIV-positive patients. Overall
vaccination rates were well above the national norm.

DRUG DESCRIPTORS:

Pneumococcus vaccine; tetanus toxoid

MEDICAL DESCRIPTORS:

*Human immunodeficiency virus infection; *medical information system; *vaccination
adult; article; computer program; human; major clinical study; medical
record; patient scheduling; pharmacist; preventive medicine

CAS REGISTRY NO.: 57425-69-1, 93384-51-1 (tetanus toxoid)

SECTION HEADINGS:

Public Health, Social Medicine and Epidemiology

Biophysics, Bioengineering and Medical Instrumentation

Drug Literature Index

Pharmacy

28/5/1 (Item 1 from file: 2)

DIALOG(R)File 2:INSPEC

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06986587

Title: Tools for immunization guideline knowledge maintenance. II.

Automated Web-based generation of user-customized test cases

Author(s): Miller, P.L.; Frawlw, S.J.; Brandt, C.; Sayward, F.G.

Author Affiliation: Center for Med. Inf., Yale Univ. Sch. of Med., New Haven, CT, USA

Journal: Computers and Biomedical Research, vol.31, no.3, pp.190-208

Publisher: Academic Press

Country of Publication: USA

Publication Date: June 1998

ISSN: 0010-4809

SICI: 0010-4809(199806)31:3L.190:TIGK;1-F

CODEN: CBMRB7

U.S. Copyright Clearance Center Code: 0010-4809/98/\$25.00

Language: English

Document Type: Journal Paper (JP)

Treatment: Practical (P)

Abstract: For pt. I, see *ibid.*, vol. 31, pp. 172-89 (1998). IMM/Test (Immunization Testing) is a prototype software tool built to generate test cases that can be used to help test and verify the internal logic of an immunization forecasting program. A forecasting program takes as input a child's immunization history and produces recommendations as to which vaccinations are due and which should be scheduled next. IMM/Test was developed to test a specific immunization forecasting program, IMM/Serve. In addition, IMM/Test has been incorporated into a broader Web-based tool, IMM/Web, which allows the user (e.g. a member of an immunization registry staff) to customize the parameters used for immunization forecasting (e.g. the minimum ages for each dose and the minimum intervals between doses) to reflect local practice. IMM/Web then generates a customized set of test cases that may be used to test the user's immunization forecasting program. The user may also request that the test cases be automatically passed to IMM/Serve to analyze using the newly defined parameters. The paper describes the internal design of IMM/Test and IMM/Web and discusses certain lessons learned in the implementation of the two programs (17 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: application generators; Internet; knowledge verification; medical expert systems; software maintenance; software tools; testing; truth maintenance

Identifiers: immunization guideline knowledge maintenance tools; World Wide Web-based test case generation; automated user-customized test case generation; IMM/Test; prototype software tool; internal logic verification; immunization forecasting program; child immunization history; vaccination scheduling; IMM/Serve; IMM/Web; immunization registry staff; local practice; parameter definition; internal design

Classification Codes: C7140 (Medical administration); C6170T (Knowledge engineering tools); C7330 (Biology and medical computing); C6115 (Programming support); C7210 (Information services and centres)

INSPEC Update Issue: 1998-031

Copyright: 1998, IEE

II. Inventor Search Results from Dialog

15/5/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0019387058 - Drawing available
WPI ACC NO: 2009-M54655/200955
Related WPI Acc No: 2005-511997
Inappropriate live virus combination preventing method for use in computer system, involves outputting information whether live virus immunizations constitute inappropriate live virus combination
Patent Assignee: CERNER INNOVATION INC (CERN-N)
Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D

A
Patent Family (1 patents, 1 countries)
Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 20090204425	A1	20090813	US 2009350439	A	20090108	200955 B
			US 2003748477	A	20031230	

Priority Applications (no., kind, date): US 2003748477 A 20031230; US 2009350439 A 20090108

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 20090204425	A1	EN	21	13	Division of application US 2003748477

Alerting Abstract US A1
NOVELTY - The method involves receiving a set of live virus immunizations to be administered to a person. A determination is made whether the live virus immunizations constitute an inappropriate live virus combination. Information is output whether the live virus immunizations constitute an inappropriate live virus combination. The information regarding inappropriate virus combination is obtained from a database. The immunizations are compared to the information regarding inappropriate virus combinations.

DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

- 1.a system comprising a receiving module
- 2.a computer-readable medium comprising a set of instructions to receive a set of live virus immunizations to be administered to a person.

USE - Method for preventing an inappropriate live virus combination in a computer system to generate an immunization schedule of a patient in a healthcare environment.

ADVANTAGE - The method effectively stores the immunization information for the patient, and creates the dynamic patient-specific schedule for immunizations. The method effectively prevents the inappropriate live virus combination from being administered to the person in the computer system. The method allows the user to record combination immunization information for separate immunizations.

DESCRIPTION OF DRAWINGS - The drawing shows a flowchart of a computer program for displaying an immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: INAPPROPRIATE; LIVE; VIRUS;
COMBINATION; PREVENT; METHOD; COMPUTER; SYSTEM; OUTPUT; INFORMATION; CONSTITUTE

Class Codes

International Classification (+ Attributes)

IPC + Level Value Position Status Version

G06Q-0050/00 A I F B 20060101

G06Q-0050/00 C I B 20060101

US Classification, Current Main: 705-002000

US Classification, Issued: 7052

File Segment: EPI;

DWPI Class: S05; T01

Manual Codes (EPI/S-X): S05-D; T01-E01C; T01-J05A2A; T01-J05B4P; T01-J06A1; T01-S03

15/5/2 (Item 2 from file: 350)

*****Your case*****

DIALOG(R)File 350:Derwent WPIX

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0015162415 - Drawing available

WPI ACC NO: 2005-511997/200552

Related WPI Acc No: 2009-M54655

Immunization schedule generating method for use in healthcare environment, involves generating customized immunization schedule for person using information from electronic medical record of person and immunization schedule

Patent Assignee: GIFFORD T C (GIFF-I); GRASSO K L (GRAS-I); HORD J M

(HORD-I); SHOUP D A (SHOU-I)

Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A

Patent Family (1 patents, 1 countries)

Patent

Application

Number

Kind

Date

Number

Kind

Date

Update

Number	Kind	Date	Number	Kind	Date	Update
US 20050149352	A1	20050707	US 2003748477	A	20031230	200552 B

Priority Applications (no., kind, date): US 2003748477 A 20031230

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 20050149352	A1	EN	24	13	

Alerting Abstract US A1

NOVELTY - The method involves receiving a request for an immunization schedule for a person and obtaining information from an electronic medical record of the person stored within a comprehensive healthcare system. A customized immunization schedule for the person is generated using the information from the record of the person and the immunization schedule. The customized schedule is displayed.

DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

- 1.a system in a computerized environment for generating an immunization schedule for a person
- 2.a computer-readable medium having computer-executable instructions for generating an immunization schedule for a person.

USE - Used for generating an immunization schedule in a healthcare environment for receiving immunization for polio, measles, mump, rubella, diphtheria, tetanus, whooping cough, meningitis, chicken pox and hepatitis B.

ADVANTAGE - The method facilitates for generating the customized immunization schedule for the person using the information from

electronic medical record of the person and the immunization schedule, thus preventing set of immunizations from being administered to a person too early.

DESCRIPTION OF DRAWINGS - The drawing shows a flowchart for displaying an immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: IMMUNE; SCHEDULE; GENERATE; METHOD; ENVIRONMENT; CUSTOMISATION; PERSON; INFORMATION; ELECTRONIC; MEDICAL; RECORD

Class Codes

International Classification (+ Attributes)

IPC + Level Value Position Status Version

G06Q-0010/00 A I R 20060101

G06Q-0010/00 C I R 20060101

ECLA: G06Q-010/00F4

US Classification, Current Main: 705-002000

US Classification, Issued: 7052

File Segment: EPI;

DWPI Class: S05; T01

Manual Codes (EPI/S-X): S05-G02G2; T01-J05A2B; T01-J06A1; T01-S03

III. Text Search Results from Dialog

A. Patent Files, Abstract

File 371:French Patents 1961-2002/BOPI 200209
(c) 2002 INPI. All rts. reserv.
File 344:Chinese Patents Abs Jan 1985-2006/Jan
(c) 2006 European Patent Office
File 347:JAPIO Dec 1976-2009/Nov(Updated 100228)
(c) 2010 JPO & JAPIO
File 350:Derwent WPIX 1963-2010/UD=201017
(c) 2010 Thomson Reuters

Set	Items	Description
S1	129	(IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULATION? OR INNOCULATION?) (5N) (SCHEDULE? OR TIMETABLE? OR CALENDAR?)
S2	20	S1(12N) (CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALIS? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR CREAT? OR BUILD? OR BUILT OR PRODUC?)
S3	687538	(ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE OR APPLY? OR APPLIE? OR APPLICATION? OR INJECT? OR PERFORM?) - (6N) (SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPRAYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMMUNIZ? OR IMMUNIS? OR VACCINAT?
S4	13825	S3(8N) (PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TODAY)
S5	18986	S3(8N) (PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6	2847262	APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR "NOT" (2W) (EARLY OR SOON OR DANGEROUS OR PROBLEM)
S7	289193	WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8	13233	(PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHILDREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS) (5N) (RECORD OR RECORDS OR EMR OR EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHARTS OR DOCUMENT?)
S9	9	AU=(GRASSO K? OR GRASSO, K? OR GRASSO (2N) (K OR KAY))
S10	13	AU=(GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N) (T OR THOMAS-))
S11	5	AU=(HORD J? OR HORD, J? OR HORD (2N) (J OR MARK))
S12	13	AU=(SHOUP D? OR SHOUP, D? OR SHOUP (2N) (D OR ALLAN))
S13	2	S9 AND S10 AND S11 AND S12
S14	33	S9:S12
S15	2	S14 AND S3
S16	6	S2 AND (S4:S8)
S17	46	S1 AND (S4:S8)
S18	9	S17 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR - G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S19	4	S17 AND EC=G06Q-010/00F4
S20	1	S17 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND T01-S03)
S21	4	S2 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S22	2	S2 AND EC=G06Q-010/00F4
S23	1	S2 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND T01-S03)
S24	60	S16 OR S17 OR S2

S25 15 S24 AND IC=(G06Q OR G06F)
 S26 11 S24 AND MC=(S05-D OR T01-E01C OR T01-J05A2A OR T01-J05B4P -
 OR T01-J06A1 OR T01-S03)
 S27 9 S26 AND IC=(G06F OR G06Q)
 S28 15 S25 OR S27
 S29 12 S1 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR G-
 06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
 S30 17 S28 OR S29
 S31 2 S30 AND AY<2003
 S32 3 S30 NOT AY>2003
 S33 4 S31 OR S32
 S34 756 S3(30N) (SCHEDUL? OR TIMETABL? OR CALENDAR?)
 S35 37 S34 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
 G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
 S36 206 S34 AND (S4:S8)
 S37 18 S36 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
 G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
 S38 4 S36 AND EC=G06Q-010/00F4
 S39 1 S36 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND T0-
 1-S03)
 S40 12 S36 AND MC=(S05-G02G2 OR T01-J05A2B OR T01-J06A1 OR T01-S0-
 3)
 S41 14 S36 AND MC=(S05-D OR T01-E01C OR T01-J05A2A OR T01-J05B4P -
 OR T01-J06A1 OR T01-S03)
 S42 13 (S40 OR S41) AND IC=(G06Q OR G06F)
 S43 23 S37 OR S38 OR S42
 S44 9 S43 AND AY<2004
 S45 7 S43 NOT AY>2003
 S46 4 S30 AND AY<2004
 S47 12 S32 OR S44 OR S45 OR S46

47/5/3 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0019387058 - Drawing available

WPI ACC NO: 2009-M54655/200955

Related WPI Acc No: 2005-511997

Inappropriate live virus combination preventing method for use in computer system, involves outputting information whether live virus immunizations constitute inappropriate live virus combination

Patent Assignee: CERNER INNOVATION INC (CERN-N)

Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 20090204425	A1	20090813	US 2009350439	A	20090108	200955 B
			US 2003748477	A	20031230	

Priority Applications (no., kind, date): US 2003748477 A 20031230; US 2009350439 A 20090108

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 20090204425	A1	EN	21	13	Division of application US 2003748477

Alerting Abstract US A1

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Title Terms/Index Terms/Additional Words: INAPPROPRIATE; LIVE; VIRUS; COMBINATION; PREVENT; METHOD; COMPUTER; SYSTEM; OUTPUT; INFORMATION; CONSTITUTE

Class Codes

International Classification (+ Attributes)

IPC + Level Value Position Status Version

G06Q-0050/00 A I F B 20060101

G06Q-0050/00 C I B 20060101

US Classification, Current Main: 705-002000

US Classification, Issued: 7052

File Segment: EPI;

DWPI Class: S05; T01

Manual Codes (EPI/S-X): S05-D; T01-E01C; T01-J05A2A; T01-J05B4P; T01-J06A1; T01-S03

47/5/4 (Item 2 from file: 350) *****Your case*****

DIALOG(R)File 350:Derwent WPIX

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0015162415 - Drawing available

WPI ACC NO: 2005-511997/200552

Related WPI Acc No: 2009-M54655

Immunization schedule generating method for use in healthcare environment, involves generating customized immunization schedule for person using information from electronic medical record of person and immunization schedule

Patent Assignee: GIFFORD T C (GIFF-I); GRASSO K L (GRAS-I); HORD J M (HORD-I); SHOUP D A (SHOU-I)

Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 20050149352	A1	20050707	US 2003748477	A	20031230	200552 B

Priority Applications (no., kind, date): US 2003748477 A 20031230

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
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Alerting Abstract US A1

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- 2.a computer-readable medium having computer-executable instructions for generating an immunization schedule for a person.

USE - Used for generating an immunization schedule in a healthcare environment for receiving immunization for polio, measles, mump, rubella, diphtheria, tetanus, whooping cough, meningitis, chicken pox and hepatitis B.

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Class Codes

International Classification (+ Attributes)

IPC + Level Value Position Status Version

G06Q-0010/00 A I R 20060101

G06Q-0010/00 C I R 20060101

ECLA: G06Q-010/00F4

US Classification, Current Main: 705-002000

US Classification, Issued: 7052

File Segment: EPI;

DWPI Class: S05; T01

Manual Codes (EPI/S-X): S05-G02G2; T01-J05A2B; T01-J06A1; T01-S03

47/5/12 (Item 10 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0007074687

WPI ACC NO: 1995-098580/199513

XRAM Acc No: C1995-044859

XRPX Acc No: N1995-077843

Immunising mammals at early age - to protect against infection and to

reduce incidence or severity of chronic auto-immune disease, esp. diabetes
 Patent Assignee: CLASSEN IMMUNOTHERAPIES INC (CLAS-N); CLASSEN J B (CLAS-I)
 Inventor: CLASSEN J B
 Patent Family (10 patents, 49 countries)

Patent			Application				
Number	Kind	Date	Number	Kind	Date	Update	
WO 1995005193	A1	19950223	WO 1994US8825	A	19940804	199513 B	
AU 199476300	A	19950314	AU 199476300	A	19940804	199525 E	
EP 716612	A1	19960619	EP 1994926476	A	19940804	199629 E	
			WO 1994US8825	A	19940804		
US 5723283	A	19980303	US 1993104529	A	19930812	199816 E	
			WO 1994US8825	A	19940804		
			US 1995450586	A	19950531		
US 5728385	A	19980317	US 1993104529	A	19930812	199818 E	
US 6420139	B1	20020716	US 1993104529	A	19930812	200254 E	
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
US 20020155436	A1	20021024	US 1993104529	A	19930812	200273 E	
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
			US 2002124363	A	20020418		
US 6638739	B2	20031028	US 1993104529	A	19930812	200372 E	
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
			US 2002124363	A	20020418		
US 7008790	B1	20060307	US 1993104529	A	19930812	200618 E	
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000660584	A	20000912		
US 20070237782	A1	20071011	US 1993104529	A	19930812	200768 E	
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000660584	A	20000912		
			US 2005219890	A	20050907		

Priority Applications (no., kind, date): US 1993104529 A 19930812; WO 1994US8825 A 19940804; US 1995450586 A 19950531; US 1996591651 A 19960212; US 2000611415 A 20000706; US 2000660584 A 20000912; US 2002124363 A 20020418; US 2005219890 A 20050907

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
WO 1995005193	A1	EN	121	3	
National Designated States,Original: AT AU BB BG BR BY CA CH CN CZ DE DK ES FI GB HU JP KP KR KZ LK LU LV MG MN MW NL NO NZ PL PT RO RU SD SE SI SK TT UA US UZ VN					
Regional Designated States,Original: AT BE CH DE DK ES FR GB GR IE IT LU MC NL OA PT SE					
AU 199476300	A	EN			Based on OPI patent WO 1995005193
EP 716612	A1	EN		0	PCT Application WO 1994US8825
Based on OPI patent WO 1995005193					
Regional Designated States,Original: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE					
US 5723283	A	EN			C-I-P of application US 1993104529

US 5728385	A	EN	29	2	Division of application WO 1994US8825
US 6420139	B1	EN			C-I-P of application US 1993104529
					Continuation of application WO 1994US8825
					Continuation of application US 1996591651
					C-I-P of patent US 5728385
US 20020155436	A1	EN			C-I-P of application US 1993104529
					Continuation of application WO 1994US8825
					Continuation of application US 1996591651
					Continuation of application US 2000611415
					C-I-P of patent US 5728385
US 6638739	B2	EN			Continuation of application US 1993104529
					Continuation of application WO 1994US8825
					Continuation of application US 1996591651
					Continuation of application US 2000611415
					Continuation of patent US 5728385
					Continuation of patent US 6420139
US 7008790	B1	EN			C-I-P of application US 1993104529
					Continuation of application WO 1994US8825
					Continuation of application US 1996591651
					C-I-P of patent US 5728385
US 20070237782	A1	EN			C-I-P of application US 1993104529
					Continuation of application WO 1994US8825
					Continuation of application US 1996591651
					Continuation of application US 2000660584
					C-I-P of patent US 5728385
					Continuation of patent US 7008790

Alerting Abstract WO A1

A mammal, <96 months of age, is immunised against >=1 infectious disease and >=1 chronic immune-mediated disorder by admin. of >=1 immunogen (A) according to a specific time schedule with the first dose given before 42 days from birth. The immune response generated protects against the infectious disease and reduces the incidence or severity of the immune disorder. (A) opt. includes >=1 immunogen other than BCG. Also new are: (1) immunogenic compsn. contg. both a paediatric and a non-paediatric immunogen; (2) method for determining if an immunisation schedule will alter incidence/severity of an immune disorder by applying to it a gp. of animals and comparing incidence/severity of the disorder with a control gp., and (3) use of a glucocorticoid hormone (or analogue or substance that induces its release) to reduce the risk that admin. of a vaccine will increase incidence/severity of an immune-mediated disorder.

ADVANTAGE - Immunisation at an early age reduces incidence esp. of diabetes mellitus and systemic lupus erythematosus by >=10 (esp. >=50)%. This contracts with vaccination at a later time which may induce such conditions. It is suggested that early immunisation causes release of lymphokines that accelerate maturation of the immune system.

Title Terms/Index Terms/Additional Words: IMMUNE; MAMMAL; EARLY; AGE; PROTECT; INFECT; REDUCE; INCIDENCE; SEVERE; CHRONIC; AUTO; DISEASE; DIABETES

Class Codes

International Classification (+ Attributes)

IPC + Level Value Position Status Version

A61K-0039/00	A	I	F	B	20060101	A61K-0039/295	A	I	L	B	20060101
A61K-0039/116	A	I	L	B	20060101	A61K-0039/295	A	I		R	20060101
A61K-0039/12	A	I	L	B	20060101	A61K-0039/44	A	I	L	B	20060101
A61K-0039/165	A	I	L	B	20060101	C12N-0005/00	A	I	F	B	20060101

G06Q-0050/00	A	I	L	B	20060101	A61K-0039/295	C	I	L	B	20060101
A61K-0039/00	C	I	F	B	20060101	A61K-0039/295	C	I		R	20060101
A61K-0039/116	C	I	L	B	20060101	A61K-0039/44	C	I	L	B	20060101
A61K-0039/12	C	I	L	B	20060101	C12N-0005/00	C	I	L	B	20060101
A61K-0039/155	C	I	L	B	20060101	G06Q-0050/00	C	I	L	B	20060101

ECLA: A61K-039/295
 ICO: K61K-039:545
 US Classification, Current Main: 424-185100, 435-004000, 435-005000, 435-069300; Secondary: 424-184100, 424-201100, 424-202100, 424-203100, 424-204100, 424-212100, 424-217100, 424-224100, 424-234100, 424-254100, 435-007100, 435-325000, 705-002000
 US Classification, Issued: 4355, 424201.1, 424184.1, 424202.1, 424224.1, 424254.1, 424185.1, 424204.1, 7052, 4354, 424184.1, 424204.1, 424234.1, 424201.1, 424184.1, 424202.1, 424203.1, 424212.1, 424217.1, 424218.1, 424219.1, 424224.1, 424227.1, 424228.1, 424230.1, 424233.1, 424234.1, 424244.1, 424245.1, 424246.1, 424247.1, 424249.1, 424254.1, 424258.1, 424261.1, 43569.3, 424184.1, 424201.1, 424202.1, 424203.1, 424212.1, 424217.1, 43569.3, 4357.1, 435325, 435325, 424184.1, 424201.1, 424202.1, 424203.1, 424212.1, 424217.1, 424218.1

File Segment: CPI; EPI
 DWPI Class: B04; D16; S03
 Manual Codes (EPI/S-X): S03-E14H4
 Manual Codes (CPI/A-M): B04-B04C; B04-J02; B14-S11; D05-H07; D05-H09

B. Patent Files, Full-Text

File 349:PCT FULLTEXT 1979-2010/UB=20100304|UT=20100225

(c) 2010 WIPO/Thomson

File 348:EUROPEAN PATENTS 1978-201010

(c) 2010 European Patent Office

Set	Items	Description
S1	3632	(IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULATION? OR INNOCULATION?) (5N) (SCHEDUL? OR TIMETABLE? OR CALENDAR? OR PLAN OR PLANS)
S2	435	S1(12N) (CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALIS? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3	504288	(ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE OR APPLY? OR APPLIE? OR APPLICATION? OR INJECT? OR PERFORM?)-(6N) (SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPRAYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMMUNIZ? OR IMMUNIS? OR VACCINAT?
S4	65777	S3(8N) (PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TODAY)
S5	69557	S3(8N) (PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6	1866716	APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR "NOT" (2W) (EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROPRIATE)
S7	248834	WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8	132452	(PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHILDREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT OR INFANTS OR BABY OR BABIES) (5N) (RECORD OR RECORDS OR EMR OR EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHAR-

TS OR DOCUMENT? OR INFORMATION)

S9 6 AU=(GRASSO K? OR GRASSO, K? OR GRASSO (2N)(K OR KAY))

S10 2 AU=(GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N)(T OR THOMAS-
))

S11 0 AU=(HORD J? OR HORD, J? OR HORD (2N)(J OR MARK))

S12 10 AU=(SHOUP D? OR SHOUP, D? OR SHOUP(2N)(D OR ALLAN))

S13 18 S9:S12

S14 1 S13 AND S3

S15 241 S2 AND S3 AND (S5 OR S8)

S16 239 S15 AND (S4 OR S6 OR S7)

S17 3 S16 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)

S18 7 S16 AND IC=(G06Q OR G06F)

S19 384 S2(S)S3

S20 45 S19(S)(S5 OR S8)

S21 4 S20 AND IC=(G06Q OR G06F)

S22 58 S1(S)S5(S)(S6 OR S7)

S23 4 S22 AND IC=(G06Q OR G06F)

S24 9 S18 OR S21 OR S23

S25 4 S24 NOT AD=20031231:20100315/PR

25/3,K/3 (Item 3 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00875726

IDENTIFYING ANTIGEN CLUSTERS FOR MONITORING A GLOBAL STATE OF AN IMMUNE
SYSTEM

IDENTIFICATION DE GROUPES D'ANTIGENES PERMETTANT DE CONTROLER L'ETAT
GENERAL D'UN SYSTEME IMMUNITAIRE

Patent Applicant/Assignee:

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Patent Applicant/Inventor:

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Patent and Priority Information (Country, Number, Date):

Patent: WO 200208755 A2-A3 20020131 (WO 0208755)

Application: WO 2001IL660 20010718 (PCT/WO IL0100660)

Priority Application: IL 137460 20000724

Designated States:

(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)

AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ

EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR
LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL
TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR
(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 17925

Main International Patent Class (v7): G06F-019/00

Fulltext Availability:

Detailed Description

Detailed Description

... markers that will enable the physician to monitor the response of the immune system to various treatments designed to arrest chronic inflammation and autoimmune diseases, ~~vaccinate~~ against infectious agents, or effect the immunotherapy of cancer.

Immune diagnosis and immune monitoring require ways to ascertain the state of an individual's immune system, and to record the dynamic evolution of changes induced by the various therapeutic interventions. Tools for diagnosis and monitoring are, likely to require the integration of large amounts...

...the recognition of one or another antigen.

Third, individual persons, because of their genetic make-up and their varying immune histories are likely to require individualized therapies. The type, amount and schedule of immune regulation or vaccination must be tailored to the needs of the individual.

Thus, the complexity of the immune system is such that one must develop bio-informatic methods that will allow a physician to monitor conveniently the global state of the patient's immune system in health, disease and therapeutic intervention. Such a novel approach is... subtraction, natural autoantibodies present. in healthy individuals were differentiated from disease-associated autoantibodies. This method is, however, limited to a few antigens and it does not solve the problem of variation among different experiments which is inherent to blot techniques....

25/3,K/4 (Item 4 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00731966 **Image available**

METHOD AND APPARATUS FOR DYNAMICALLY GENERATING A USER PRESENTATION BASED ON DATABASE STORED RULES

PROCEDE ET DISPOSITIF DE GENERATION DYNAMIQUE DE PRESENTATION UTILISATEUR EN S'APPUYANT SUR DES REGLES STOCKEES EN BASE DE DONNEES

Patent Applicant/Assignee:

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(For all designated states except: US)

Patent Applicant/Inventor:

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CHO Young Sang, 2658 Sawgrass Street, El Cajon, CA 92019, US, US
 (Residence), US (Nationality), (Designated only for: US)

HUETER Geoffrey James, 1844 Penasco Road, El Cajon, CA 92019, US, US
 (Residence), US (Nationality), (Designated only for: US)

QUANDT Steven Charles, 158 Rodney Avenue, Encinitas, CA 92024, US, US
 (Residence), US (Nationality), (Designated only for: US)

SCHULTES Helen Ann, 4498 Exbury Court, San Diego, CA 92130, US, US
 (Residence), US (Nationality), (Designated only for: US)

Legal Representative:

FARIS Philip W Jr, Vidimedix Corporation, Building Two, Suite 540, 1250
 Capital of Texas Highway South, Austin, TX 78746, US

Patent and Priority Information (Country, Number, Date):

Patent: WO 200045301 A1 20000803 (WO 0045301)

Application: WO 2000US1839 20000125 (PCT/WO US0001839)

Priority Application: US 99240048 19990129

Designated States:

(Protection type is "patent" unless otherwise stated - for applications prior to 2004)

AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES FI GB
 GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA
 MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA
 UG US UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 22440

Main International Patent Class (v7): G06F-017/30

Fulltext Availability:

Detailed Description

Detailed Description

... group G2;

If ENTRY new pediatric patient", create all basic pediatric forms for the clinic (F1[new patient form], F2[growth chart],, FN), with the appropriate data of the patient added to the forms,, and calculate dates for inoculations for state, federal,, or health plan mandated/supported inoculations based on the patient's age, prior inoculations, and the insured's health plan; and

Provide selection of a mammogram lab test only if the patient is of "female" "X years" < AGE < "Y years" MASTECTOMY

GENDER= f 11

"no" and the patient's medical plan (per the insured) allows an exam I

without explicit approval per the time since the patients last mammogram; AND create an instance of the reporting form F1 to the medical plan with the appropriate patient data and forward it to INSUR CO per INSUR-CO-COMMUNICATIONS-METHOD

and the lab request F2 to LAB supported under the -insured's...

...Cn based on priority at the point where

the results from the lab are R1 --> Rn, but not R6, and in the case of R6,, ~~alert~~ clinician C2 that the patient is to be informed via email if EMAIL = "'enabled'" and/or phone if PHONE-NOTIFICATION "on" and/or by mail if MAIL NOTIFICATION = "'on"....

IV. Text Search Results from Dialog

A. NPL Files, Abstract

File 35:Dissertation Abs Online 1861-2010/Feb
(c) 2010 ProQuest Info&Learning
File 474:New York Times Abs 1969-2010/Mar 13
(c) 2010 The New York Times
File 475:Wall Street Journal Abs 1973-2010/Mar 15
(c) 2010 The New York Times
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
(c) 2002 Gale/Cengage
File 65:Inside Conferences 1993-2010/Mar 15
(c) 2010 BLDSC all rts. reserv.
File 99:Wilson Appl. Sci & Tech Abs 1983-2010/Jan
(c) 2010 The HW Wilson Co.
File 256:TecTrends 1982-2010/Mar W1
(c) 2010 Info.Sources Inc. All rights res.
File 2:INSPEC 1898-2010/Mar W1
(c) 2010 The IET
File 5:Biosis Previews(R) 1926-2010/Mar W1
(c) 2010 The Thomson Corporation
File 73:EMBASE 1974-2010/Mar 15
(c) 2010 Elsevier B.V.
File 144:Pascal 1973-2010/Feb W4
(c) 2010 INIST/CNRS
File 155:MEDLINE(R) 1950-2010/Mar 12
(c) format only 2010 Dialog
File 162:Global Health 1983-2010/Mar W1
(c) 2010 CAB International
File 164:Allied & Complementary Medicine 1984-2010/Mar
(c) 2010 BLHCIS
File 74:Int.Pharm.Abs 1970-2010/Nov B2
(c) 2010 The Thomson Corporation
File 42:Pharm. News Index 1974-2010/Jan W5
(c) 2010 ProQuest Info&Learning
File 34:SciSearch(R) Cited Ref Sci 1990-2010/Mar W1
(c) 2010 The Thomson Corp
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 2006 The Thomson Corp

Set	Items	Description
S1	20052	(IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULATION? OR INNOCULATION?) (5N) (SCHEDUL? OR TIMETABLE? OR CALENDAR? OR PLAN OR PLANS)
S2	1308	S1(12N)(CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALIS? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3	3265967	(ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE OR APPLY? OR APPLIE? OR APPLICATION? OR INJECT? OR PERFORM?)-(6N)(SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPRAYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMMUNIZ? OR IMMUNIS? OR VACCINAT?

S4 83535 S3(8N) (PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TODAY)
 S5 200310 S3(8N) (PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
 S6 7701837 APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR
 "NOT" (2W) (EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROPRIATE)
 S7 756236 WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
 S8 929126 (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHILDREN
 OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT OR INFANTS
 OR BABY OR BABIES) (5N) (RECORD OR RECORDS OR EMR OR EMRS OR EHR OR EHRS
 OR HISTORY OR HISTORIES OR CHART OR CHARTS OR DOCUMENT? OR INFORMATION)
 S9 27 AU=(GRASSO K? OR GRASSO, K? OR GRASSO (2N) (K OR KAY))
 S10 54 AU=(GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N) (T OR THOMAS-))
 S11 163 AU=(HORD J? OR HORD, J? OR HORD (2N) (J OR MARK))
 S12 150 AU=(SHOUP D? OR SHOUP, D? OR SHOUP (2N) (D OR ALLAN))
 S13 0 S9 AND S10 AND S11 AND S12
 S14 394 S9:S12
 S15 44 S14 AND S3
 S16 0 S15 AND (SCHEDUL? OR TIMETABL? OR CALENDAR? OR PLAN? OR DATE OR DATES)
 S17 0 S14 AND S1
 S18 1266 S2 AND S3
 S19 197 S18 AND (S5 OR S8)
 S20 81 S19 AND (S4 OR S6 OR S7)
 S21 50 S20 NOT S20/2004:2010
 S22 29 RD (unique items)
 S23 96 S2(50N) (S5 OR S8)
 S24 96 S23(50N) (S3 OR S6 OR S7)
 S25 15 S23(50N) S3(50N) (S6 OR S7)
 S26 7 S25 NOT S25/2004:2010
 S27 5 RD (unique items)
 S28 30 S22 OR S27

28/5/1 (Item 1 from file: 2)

DIALOG(R)File 2:INSPEC

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06986587

Title: Tools for immunization guideline knowledge maintenance. II.

Automated Web-based generation of user-customized test cases

Author(s): Miller, P.L.; Frawlwy, S.J.; Brandt, C.; Sayward, F.G.

Author Affiliation: Center for Med. Inf., Yale Univ. Sch. of Med., New Haven, CT, USA

Journal: Computers and Biomedical Research, vol.31, no.3, pp.190-208

Publisher: Academic Press

Country of Publication: USA

Publication Date: June 1998

ISSN: 0010-4809

SICI: 0010-4809(199806)31:3L.190:TIGK;1-F

CODEN: CBMRB7

U.S. Copyright Clearance Center Code: 0010-4809/98/\$25.00

Language: English

Document Type: Journal Paper (JP)

Treatment: Practical (P)

Abstract: For pt. I, see ibid., vol. 31, pp. 172-89 (1998). IMM/Test (IMMunization Testing) is a prototype software tool built to generate test cases that can be used to help test and verify the internal logic of an immunization forecasting program. A forecasting program takes as input a child's immunization history and produces recommendations as to which vaccinations are due and which should be scheduled next. IMM/Test was developed to test a specific immunization forecasting program, IMM/Serve. In addition, IMM/Test has been incorporated into a broader Web-based tool, IMM/Web, which allows the user (e.g. a member of an immunization registry staff) to customize the parameters used for immunization forecasting (e.g. the minimum ages for each dose and the minimum intervals between doses) to reflect local practice. IMM/Web then generates a customized set of test cases that may be used to test the user's immunization forecasting program. The user may also request that the test cases be automatically passed to IMM/Serve to analyze using the newly defined parameters. The paper describes the internal design of IMM/Test and IMM/Web and discusses certain lessons learned in the implementation of the two programs (17 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: application generators; Internet; knowledge verification; medical expert systems; software maintenance; software tools; testing; truth maintenance

Identifiers: immunization guideline knowledge maintenance tools; World Wide Web-based test case generation; automated user-customized test case generation; IMM/Test; prototype software tool; internal logic verification; immunization forecasting program; child immunization history; vaccination scheduling; IMM/Serve; IMM/Web; immunization registry staff; local practice; parameter definition; internal design

Classification Codes: C7140 (Medical administration); C6170T (Knowledge engineering tools); C7330 (Biology and medical computing); C6115 (Programming support); C7210 (Information services and centres)

INSPEC Update Issue: 1998-031

Copyright: 1998, IEE

28/5/2 (Item 2 from file: 2)
DIALOG(R)File 2:INSPEC
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06986586

Title: Tools for immunization guideline knowledge maintenance. I.
Automated generation of the logic "kernel" for immunization forecasting

Author(s): Miller, P.L.

Author Affiliation: Center for Med. Inf., Yale Univ. Sch. of Med., New Haven, CT, USA

Journal: Computers and Biomedical Research, vol.31, no.3, pp.172-89

Publisher: Academic Press

Country of Publication: USA

Publication Date: June 1998

ISSN: 0010-4809

SICI: 0010-4809(199806)31:3L:172:TIGK;1-B

CODEN: CBMRB7

U.S. Copyright Clearance Center Code: 0010-4809/98/\$25.00

Language: English

Document Type: Journal Paper (JP)

Treatment: Practical (P)

Abstract: IMM/Def (IMMunization Definition) is a prototype computer program designed to facilitate the building and maintenance of a rule-based program which performs childhood immunization forecasting. An immunization forecasting program takes as input a child's immunization history and produces recommendations as to which vaccinations are due and which should be scheduled next. A significant amount of the knowledge required for immunization forecasting can be expressed in tabular form, including the parameters that indicate the minimum age when each dose may be given and the minimum intervals between doses. The choice of which parameter sets apply to a particular case depends upon additional clinical logic. To perform forecasting, this logic must be applied in three temporal contexts: (1) a dose that is due now, (2) a dose that is not yet due, and (3) a dose that must be scheduled to follow a dose which is due now. Building and maintaining this logic by hand is a formidable challenge. IMM/Def demonstrates how this task can be simplified by first defining an immunization definition logic which can be automatically translated into IF-THEN rules for each context. The approach has been applied successfully to the six childhood vaccination series which are routinely administered. IMM/Def allows one to have two specifications of the logic that can be examined independently and cross-checked to help assure the completeness, consistency and accuracy of the logic. The paper describes how IMM/Def performs its translation and discusses several design issues and lessons learned (16 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: automatic programming; formal logic; medical expert systems; scheduling; software maintenance; software tools; truth maintenance

Identifiers: immunization guideline knowledge maintenance tools; automated logic kernel generation; childhood immunization forecasting program; IMM/Def; prototype computer program; rule-based program; immunization history; vaccination scheduling; tabular form; minimum age; minimum dosage interval; clinical logic; temporal context; parameter sets; immunization definition logic; IF-THEN rules; logic specifications; completeness; consistency; accuracy

Classification Codes: C7140 (Medical administration); C6170T (Knowledge engineering tools); C7330 (Biology and medical computing); C6115 (Programming support); C4210 (Formal logic)

INSPEC Update Issue: 1998-031

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28/5/4 (Item 2 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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17409557 BIOSIS NO.: 200300368276

Personalized Recombinant Idiotypic Vaccination after Chemotherapy as Initial Treatment for Mantle Cell Lymphoma.

AUTHOR: Leonard John (Reprint); Vose Julie (Reprint); Timmerman John (Reprint); Levy Ronald (Reprint); Ingolia Diane (Reprint); Denney Dan (Reprint); Coleman Morton (Reprint); Kunkel Lori (Reprint)

AUTHOR ADDRESS: Weill Medical College of Cornell Univ and New York Presbyterian Hospital, New York, NY, USA**USA

JOURNAL: Blood 100 (11): pAbstract No. 4792 November 16, 2002 2002

MEDIUM: print

CONFERENCE/MEETING: 44th Annual Meeting of the American Society of

Hematology Philadelphia, PA, USA December 06-10, 2002; 20021206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background: Patients with Mantle cell lymphoma (MCL) present with advanced disease which usually responds to initial chemotherapy but commonly recurs within 1-2 years. We hypothesized that vaccination against a tumor-specific antigen could result in an anti-lymphoma immune response and potentially prolong time to disease progression in MCL. As with follicular NHL, tumor-specific variable regions of the clonal immunoglobulin (Idiotypic or Id) expressed by malignant B cells can be exploited as an active immunotherapeutic target in MCL. As preliminarily presented by Timmerman, et al (Blood 98:341a, 2001), a Phase 2 study was conducted to determine the immunogenicity of the personalized Id vaccine GTOp-99, a recombinant Id protein conjugated to Keyhole Limpet Hemocyanin (KLH) co-administered with Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF), in stage III/IV aggressive NHL (N=14 inclusive of 5 MCL). Eligibility criteria for this trial included International Prognostic Index of 2, 3 or 4, reflecting an adverse prognostic group. According to the initial schedule (A), 5 immunizations were administered over 24 weeks, starting 6 months after the completion of chemotherapy. While humoral anti-Id immune responses (IRs) were evoked using this regimen, patients relapsed at a median of 9.2 months (6.2-12.1) from the end of chemotherapy. Six patients did not complete immunization due to rapidly progressive disease requiring other therapies. These findings suggested that disease was well-established during the time immunizations were being delivered and that earlier and more frequent vaccinations could be of value. Methods: An accelerated and extended administration (Schedule B) has been implemented in which GTOp-99 immunizations are begun earlier in the first clinical remission (complete or partial), 14 weeks following completion of chemotherapy. Vaccinations are administered every 2 weeks for 7 doses with an 8th dose at week 18 in an attempt to improve the frequency and kinetics of IR induction. GM-CSF is injected locally at GTOp-99 injection sites on days 1-4. Results: Ten MCL patients have begun treatment on this schedule: 4 patients have completed all 8 vaccinations; 5 are still undergoing immunization and 1 patient relapsed prior to completing therapy. All completed patients remain in remission with a median follow-up of 15.5 months (10.2-20.9) from the end of chemotherapy. All reported adverse events were grade 1-2, transient and manageable. Conclusions: These initial results suggest that an accelerated and extended Id-KLH vaccination schedule can be safely administered, with resultant IRs. The time to treatment failure might be extended with this modified immunization schedule. Ongoing and future studies will determine the potential benefit of this type personalized active immunotherapy for the treatment of MCL.

DESCRIPTORS:

MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences;
Hematology--Human Medicine, Medical Sciences; Oncology--Human Medicine,
Medical Sciences; Pharmacology

BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,
Animalia

ORGANISMS: human (Hominidae)--patient

COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates;
Vertebrates

DISEASES: mantle cell lymphoma--blood and lymphatic disease, immune

system disease, neoplastic disease, therapy
 MESH TERMS: Lymphoma, Small Cleaved-Cell, Diffuse (MeSH)
 CHEMICALS & BIOCHEMICALS: GTOP-99--immunologic-drug,
 immunostimulant-drug, clinical trial
 METHODS & EQUIPMENT: chemotherapy--clinical techniques, therapeutic and
 prophylactic techniques; personalized recombinant idiotype
 vaccination--clinical techniques, clinical trial, therapeutic
 and prophylactic techniques
 MISCELLANEOUS TERMS: disease relapse; humoral immune response--
 modulation; Meeting Poster; Meeting Abstract
 CONCEPT CODES:
 00520 General biology - Symposia, transactions and proceedings
 12512 Pathology - Therapy
 15006 Blood - Blood, lymphatic and reticuloendothelial pathologies
 22002 Pharmacology - General
 22005 Pharmacology - Clinical pharmacology
 22018 Pharmacology - Immunological processes and allergy
 24004 Neoplasms - Pathology, clinical aspects and systemic effects
 24008 Neoplasms - Therapeutic agents and therapy
 24010 Neoplasms - Blood and reticuloendothelial neoplasms
 34508 Immunology - Immunopathology, tissue immunology
 BIOSYSTEMATIC CODES:
 86215 Hominidae

28/5/5 (Item 3 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
 (c) 2010 The Thomson Corporation. All rts. reserv.
 16415314 BIOSIS NO.: 200200008825
 Principles of pediatric combination vaccines and practical issues related
 to use in clinical practice
 AUTHOR: Decker Michael D (Reprint)
 AUTHOR ADDRESS: 796 Union Street, Bangor, PA, 18013, USA**USA
 JOURNAL: Pediatric Infectious Disease Journal 20 (11 Supplement): pS10-S18
 November, 2001 2001
 MEDIUM: print
 ISSN: 0891-3668
 DOCUMENT TYPE: Article; Literature Review
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Background: During the past two decades the number of injections that are required per office visit to fulfill the recommended childhood immunization schedule has increased dramatically. Methods: By reviewing the literature, the principles associated with pediatric combination vaccines are discussed, and practical issues related to their use in clinical practice are evaluated. Results: The ideal combination vaccine is safe, effective and easy to store and use, and its antigenic components fit within the recommended immunization schedule. The ideal combination is associated with fewer adverse reactions than the separately administered antigens, with improved efficacy and higher immune responses compared with its component vaccines. An acceptable combination vaccine must provide comparable efficacy and safety to its component vaccines. Although there are a limited number of combination vaccines already available (diphtheria-tetanus-pertussis, inactivated poliovirus vaccine (IPV) and measles-mumps-rubella), effort is being focused on combining these vaccines with other routine vaccines of infancy including Haemophilus influenzae type b (Hib) and hepatitis B

vaccine (HepB). Currently under review by the Food and Drug Administration are diphtheria-tetanus-acellular pertussis (DTPa)-HepB-IPV and DTPa-Hib-IPV combination vaccines, and two DTPa-HepB-IPV-Hib vaccines have been licensed in Europe. As more combination vaccines become available, issues such as interchangeability and administration of extra doses are raised; however, it is important not to miss a vaccination opportunity. Conclusions: The number of injections required to fulfill the recommended childhood immunization schedule at each visit creates problems for patients and practitioner, sometimes risking a missed opportunity for vaccination. The development of combination vaccines will circumvent this problem and increase compliance and vaccination coverage rates.

DESCRIPTORS:

MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences;

Pediatrics--Human Medicine, Medical Sciences

BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGANISMS: human (Hominidae)--child, patient

COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates; Vertebrates

CHEMICALS & BIOCHEMICALS: pediatric combination vaccines--practical issues of use

MISCELLANEOUS TERMS: childhood immunization schedules; clinical

practice; immunization practices; vaccination coverage rates; Literature Review

CONCEPT CODES:

25000 Pediatrics

34508 Immunology - Immunopathology, tissue immunology

BIOSYSTEMATIC CODES:

86215 Hominidae

28/5/6 (Item 4 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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15087061 BIOSIS NO.: 199900346721

Immunity to poliomyelitis, diphtheria and tetanus in pediatric patients before and after renal or liver transplantation

AUTHOR: Balloni Antonella; Assael Baroukh M (Reprint); Ghio Luciana;

Pedrazzi Chiara; Nebbia Gabriella; Gridelli Bruno; Melada Ernesto;

Panuccio Alfonso; Foti Marina; Barbi Maria; Luraschi Cristina

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JOURNAL: Vaccine 17 (20-21): p2507-2511 June 4, 1999 1999

MEDIUM: print

ISSN: 0264-410X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Few studies have considered the safety, efficacy and appropriateness of vaccinations in pediatric patients before and after solid organ transplantation. The aim of this study was to evaluate the immune status after primary vaccination to diphtheria, tetanus and poliomyelitis in pediatric patients before and after hepatic transplantation and to poliomyelitis in pediatric patients before and after renal transplantation. All the patients had received a complete primary immunization schedule for diphtheria and tetanus and poliomyelitis. Immunity to the three polioviruses was evaluated in 56 patients with renal transplant, 27 on chronic dialysis and 33 controls and in 39 patients with hepatic transplant, 25 with chronic hepatic failure and their 36 controls. Immunity to diphtheria and tetanus

was evaluated in 52 liver transplant patients, 29 children with chronic hepatic failure and 54 healthy children. Renal transplant patients were less protected and had lower antibody geometric mean titers than healthy controls for polioviruses 1 and 2. Whereas, protection in the children liver transplant patients was similar to that in their controls. Patients with chronic hepatic failure had higher antibody geometric mean titers to diphtheria and polioviruses 1 and 3 than their control group. Immunosuppression after transplantation has a negative influence on the immune status after primary vaccination in children with renal transplant. Whereas children with chronic hepatic failure have higher antibodies than a normal population. When possible, it could be advisable to individualize immunization schedules in patients at high risk.

DESCRIPTORS:

MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences; Infection
 BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia; Picornaviridae--Positive Sense ssRNA Viruses, Viruses, Microorganisms
 ORGANISMS: human (Hominidae)--child, patient, host; poliovirus (Picornaviridae)--pathogen
 COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates; Vertebrates; Microorganisms; Positive Sense Single-Stranded RNA Viruses ; Viruses
 DISEASES: diphtheria--bacterial disease; poliomyelitis--nervous system disease, viral disease; tetanus--bacterial disease
 MESH TERMS: Diphtheria (MeSH); Poliomyelitis (MeSH); Tetanus (MeSH)
 METHODS & EQUIPMENT: liver transplantation--transplantation method; renal transplantation--transplantation method
 MISCELLANEOUS TERMS: immunization; protective immunity

CONCEPT CODES:

34504 Immunology - Bacterial, viral and fungal
 11107 Anatomy and Histology - Regeneration and transplantation
 14006 Digestive system - Pathology
 36006 Medical and clinical microbiology - Virology
 36002 Medical and clinical microbiology - Bacteriology
 15506 Urinary system - Pathology

BIOSYSTEMATIC CODES:

86215 Hominidae
 03603 Picornaviridae

28/5/12 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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0079625269 EMBASE/Medline No: 2003333343

Tracking vaccination rates among HIV-positive patients with a computerized reminder system

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Hospital Pharmacy (Hosp. Pharm.) (United States) August 1, 2003, 38/8 (758-762)

CODEN: HOPHA ISSN: 0018-5787

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 18

Objective: This study determined vaccination rates at a Veterans Affairs HIV clinic before and after the 1997 implementation of a computerized reminder system. Methods: Before implementation of a computerized reminder system, vaccinations were not always recorded on patients' medical records. After implementation, vaccinations were documented in the computer record and the system alerted providers when patients became due for a pneumococcal vaccine, tetanus booster, or other immunization. Charts for all patients (n = 211) enrolled in the HIV clinic were assessed for vaccination dates. Vaccination rates for patients (n = 71) enrolled before 1997 were compared with rates for patients (n = 140) enrolled after the computerized system was installed. The new system enabled the clinical pharmacist to monitor vaccination rates on a quarterly basis and facilitate patient appointments. Results: Vaccination rates for patients enrolled before 1997 were 100% for initial pneumococcal vaccination and 100% for tetanus. Seventy-six percent of patients due for a pneumococcal vaccine booster had received it. In contrast, patients enrolled after 1997 had vaccination rates of 94% for pneumococcal vaccine; eight recently enrolled patients did not have documentation of vaccination. The clinical pharmacist scheduled these patients and the rate increased to 97%. Due to a product shortage, only 61% of patients enrolled after 1997 had received tetanus vaccine. Conclusions: A computerized reminder system allows for reliable tracking of vaccination rates and can be used by pharmacists to improve preventive care for HIV-positive patients. Overall vaccination rates were well above the national norm.

DRUG DESCRIPTORS:

Pneumococcus vaccine; tetanus toxoid

MEDICAL DESCRIPTORS:

*Human immunodeficiency virus infection; *medical information system; *vaccination adult; article; computer program; human; major clinical study; medical record; patient scheduling; pharmacist; preventive medicine

CAS REGISTRY NO.: 57425-69-1, 93384-51-1 (tetanus toxoid)

SECTION HEADINGS:

Public Health, Social Medicine and Epidemiology
Biophysics, Bioengineering and Medical Instrumentation
Drug Literature Index
Pharmacy

28/5/13 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

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0076074209 EMBASE/Medline No: 1995116169

Immunizations in women

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CORRESP. AUTHOR/AFFIL: Foley K.S.: Madigan Army Medical Center, Tacoma, WA 98431-5000, United States

Primary Care Update for Ob/Gyns (PRIM. CARE UPDATE OB GYNS) (United States) May 4, 1995, 2/2 (53-58)

CODEN: PUOGE ISSN: 1068-607X

DOI: 10.1016/1068-607X(95)00002-Z

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

Women should be immune to tetanus, diphtheria, poliomyelitis, measles, mumps, and rubella. Depending upon age, occupation, life style, and medical conditions, they may also benefit from hepatitis B, influenza, and pneumococcal vaccinations. With exposure to different infections, they may need active and passive immunization. Adult immunization is an effective but underutilized method of disease prevention. For women to benefit from the effective vaccines available in the United States, primary care practitioners will need to make vaccination a routine service during office visits and hospitalizations. Applying general recommendations about the administration and timing of vaccinations increases their safety and efficacy. Appropriate counseling and documentation improve patient acceptance and compliance with federal law. Practices serving women can provide immunizations just as pediatric practices have done traditionally. However, adults have more individualized vaccination needs. The indications, doses, and schedules for specific immunizations in women are discussed.

BRAND NAME/MANUFACTURER NAME: engerix b; recombivax hb

DRUG DESCRIPTORS:

*vaccine--adverse drug reaction--ae; *vaccine--drug administration--ad; *vaccine--drug therapy--dt
adrenalin--drug therapy--dt; diphenhydramine--drug therapy--dt; diphtheria pertussis tetanus vaccine--adverse drug reaction--ae; diphtheria pertussis tetanus vaccine--drug therapy--dt; diphtheria vaccine--drug therapy--dt; hepatitis b antibody--drug therapy--dt; hepatitis b vaccine--drug therapy--dt; herpes zoster immunoglobulin--drug therapy--dt; immunoglobulin--drug therapy--dt; influenza vaccine--adverse drug reaction--ae; influenza vaccine--drug therapy--dt; measles mumps rubella vaccine--adverse drug reaction--ae; measles mumps rubella vaccine--drug therapy--dt; pneumococcus vaccine--adverse drug reaction--ae; pneumococcus vaccine--drug therapy--dt; poliomyelitis vaccine--drug therapy--dt; tetanus toxoid--drug therapy--dt

MEDICAL DESCRIPTORS:

*bacterial infection--drug therapy--dt; *bacterial infection--prevention--pc; *communicable disease--drug therapy--dt; *communicable disease--prevention--pc; *virus infection--drug therapy--dt; *virus infection--prevention--pc
active immunization; anaphylaxis--drug therapy--dt; anaphylaxis--side effect--si; breast feeding; chickenpox--drug therapy--dt; chickenpox--prevention--pc; diphtheria--drug therapy--dt; diphtheria--prevention--pc; drug contraindication; female; hepatitis a--drug therapy--dt; hepatitis a--prevention--pc; hepatitis b--drug therapy--dt; hepatitis b--prevention--pc; human; influenza--drug therapy--dt; influenza--prevention--pc; injection pain; intramuscular drug administration; intravenous drug administration; measles--drug therapy--dt; measles--prevention--pc; mumps--drug therapy--dt; mumps--prevention--pc; oral drug administration; passive immunization; poliomyelitis--drug therapy--dt; poliomyelitis--prevention--pc; pregnancy; primary medical care; priority journal; review; rubella--drug therapy--dt; rubella--prevention--pc; streptococcus infection--drug therapy--dt; streptococcus infection--prevention--pc; subcutaneous drug administration; tetanus--drug therapy--dt; tetanus--prevention--pc

CAS REGISTRY NO.: 51-43-4, 55-31-2, 6912-68-1 (adrenalin); 147-24-0, 58-73-1 (diphenhydramine); 9007-83-4 (immunoglobulin); 57425-69-1, 93384-51-1 (tetanus toxoid)

SECTION HEADINGS:

Public Health, Social Medicine and Epidemiology
Immunology, Serology and Transplantation
Drug Literature Index
Adverse Reactions Titles

28/5/15 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0070322612 EMBASE/Medline No: 1975106423
Rubella prophylaxis
ORIENTAMENTI SULLA PROFILASSI ANTIRUBEOLICA
D'Arca S.U.; Muzzi A.
Ist. Ig. G. Sanarelli, Univ. Roma, Italy:
CORRESP. AUTHOR/AFFIL: Ist. Ig. G. Sanarelli, Univ. Roma, Italy

NUOVI ANN.IG.MICROBIOL. December 1, 1974, 25/2 (135-148)
CODEN: NAIMA
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: Italian

The most efficient prophylaxis form of prenatal rubella is immunization of seronegative women before pregnancy. Recent knowledge on this prophylactic measure is reported. The effectiveness, harmlessness, protection length and safety of the usual vaccines against fetal vaccine virus infection from a wrong application of the vaccination to pregnant women, were examined, to point out a correct application of prophylactic measures and to develop a suitable vaccination plan for the population to protect the fetus against maternal rubella. (45 references.)

DRUG DESCRIPTORS:

*rubella vaccine; *virus vaccine
unclassified drug

MEDICAL DESCRIPTORS:

*fetus; *pregnancy; *preventive medicine; *prophylaxis; *public health; *rubella; *Rubella virus; *virus infection
article; prevention

DRUG TERMS (UNCONTROLLED): 5 [3 (trifluoromethyl)phenoxy]primaquine derivative

SECTION HEADINGS:

Public Health, Social Medicine and Epidemiology
Drug Literature Index

28/5/16 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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14463758 PMID: 11598040 Record Identifier: PMC100045
Effects of alum adjuvant or a booster dose on immunogenicity during clinical trials of group B streptococcal type III conjugate vaccines.
Paoletti L C; Rensch M A; Kasper D L; Molrine D; Ambrosino D; Baker C J
Channing Laboratory, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts 02115, USA. lpaoletti@channing.harvard.edu
Infection and immunity (United States) Nov 2001, 69 (11) p6696-701,
ISSN 0019-9567--Print 0019-9567--Linking Journal Code: 0246127

Contract/Grant No.: AI-25152; AI; NIAID NIH HHS United States; AI-75326; AI; NIAID NIH HHS United States

Publishing Model Print; Cites J Infect Dis. 1999 Apr;179(4):1030-3 PMID 10068604; Cites J Infect Dis. 1999 Sep;180(3):892-5 PMID 10438388; Cites N Engl J Med. 2000 Jan 6;342(1):15-20 PMID 10620644; Cites J Infect Dis. 2000 Oct;182(4):1129-38 PMID 10979909; Cites Infect Immun. 2001 Feb;69(2):1151-9 PMID 11160013; Cites Pediatr Infect Dis J. 2001 Mar;20(3):272-7 PMID 11303829; Cites Infect Immun. 1991 Oct;59(10):3504-10 PMID 1894357; Cites Infect Immun. 1988 Jul;56(7):1829-30 PMID 2454893; Cites Transplantation. 1994 Mar 15;57(5):677-84 PMID 8140632; Cites JAMA. 1993 Sep 22-29;270(12):1442-8 PMID 8371444; Cites J Infect Dis. 1996 Jan;173(1):142-50 PMID 8537651; Cites Infect Immun. 1996 Feb;64(2):677-9 PMID 8550227; Cites Vaccine. 1995 Oct;13(14):1263-76 PMID 8585280; Cites J Clin Invest. 1996 Nov 15;98(10):2308-14 PMID 8941648; Cites J Infect Dis. 1997 May;175(5):1237-9 PMID 9129094; Cites Infect Immun. 1998 May;66(5):2026-32 PMID 9573085; Cites Antimicrob Agents Chemother. 1998 Jun;42(6):1517-9 PMID 9624508; Cites Obstet Gynecol. 1998 Aug;92(2):258-61 PMID 9699763; Cites J Infect Dis. 1999 Jan;179(1):142-50 PMID 9841833; Erratum in Infect Immun 2002 Jan;70(1):426

Document type: Clinical Trial; Clinical Trial, Phase I; Journal Article; Randomized Controlled Trial; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Phase 1 and 2 clinical trials of group B streptococcal (GBS) capsular polysaccharide (CPS)-protein conjugate vaccines in healthy adults have demonstrated their safety and improved immunogenicity compared with uncoupled CPSs. Two recent trials sought to determine (i) whether adsorption of conjugate vaccine to aluminum hydroxide would improve immunogenicity and (ii) whether the CPS-specific immunoglobulin G (IgG) response could be boosted by administration of a second dose. Adsorption of GBS type III CPS-tetanus toxoid (III-TT) conjugate vaccine to alum did not improve the immune response to a 12.5-microg dose in healthy adult recipients. Four weeks after vaccination, the geometric mean antibody concentrations (GMCs) for the 15 recipients of III-TT with or without alum were 3.3 and 3.6 microg/ml, respectively. In the second trial, 36 healthy adults vaccinated previously with GBS III-TT conjugate were given a second 12.5-microg dose 21 months later. At 4 weeks after the second dose, the GMCs of type III CPS-specific IgG were similar to those measured 4 weeks after the primary vaccination, suggesting a lack of a booster response. However, 8 (22%) of the 36 participants who had undetectable III CPS-specific IgG (<0.05 microg/ml) before the first dose of III-TT conjugate exhibited a booster response to the second dose, with a fourfold-greater GMC of type III CPS-specific IgG than after the initial immunization. These results suggest that prior natural exposure to type III GBS or a related antigen may be responsible for the brisk IgG response to CPS noted in most adults after vaccination. However, a second dose of GBS III-TT conjugate vaccine may be required for adults whose initial CPS-specific IgG concentrations are very low and would also restore the initial peak-specific III CPS-IgG in responders to previous vaccination.

Tags: Female; Male

Descriptors: *Adjuvants, Immunologic; *Alum Compounds; *Streptococcal Infections--prevention and control--PC; *Streptococcal Vaccines--immunology--IM; *Streptococcus agalactiae--immunology--IM; *Vaccines, Conjugate

--immunology--IM; Adjuvants, Immunologic--metabolism--ME; Adsorption; Adult
; Alum Compounds--metabolism--ME; Bacterial Capsules; Consumer
Product Safety; Dose-Response Relationship, Drug; Drug
Administration Schedule; Humans; Immunization, Secondary;
Middle Aged

CAS Registry No.: 0 (Adjuvants, Immunologic); 0 (Alum Compounds); 0
(Bacterial Capsules); 0 (Streptococcal Vaccines); 0 (Vaccines,
Conjugate); 0 (group B streptococcal type III capsular
polysaccharide-tetanus toxoid vaccine); 10043-01-3 (aluminum sulfate)
Record Date Created: 20011012
Record Date Completed: 20011205

28/5/17 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
12722764 PMID: 9812464

[A serological study on the ~~immunization~~ schedule at first dose of
domestic BRD II strain rubella vaccine]

Xu A Q; Song L Z; Hao S Z
Shandong Provincial Hygiene and Epidemic Prevention Station, Jinan.
Zhonghua liu xing bing xue za zhi = Zhonghua liuxingbingxue zazhi (CHINA)
Jun 1997, 18 (3) p156-9, ISSN 0254-6450--Print 0254-6450--Linking
Journal Code: 8208604

Publishing Model Print
Document type: English Abstract; Journal Article
Languages: CHINESE
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

In order to develop a valid ~~immunization~~ schedule on
the initial vaccination at different age of domestic BRD II strain
rubella vaccine, a total number of 268 children at the age of 6 to 18
months from Yantai city of Shandong Province, China were selected for the
serological study on hemagglutination inhibition (HI) antibody level
against rubella from August to October, 1995. The results showed that the
negative rates of HI antibody among children of 6, 7, 8, 9, 12 and 18 month
olds before inoculation with rubella vaccine were 100.00%,
95.56%, 93.02%, 96.36%, 97.96% and 93.94% with geometric mean titers (GMTs)
0.00, 1.17, 1.21, 1.12, 1.07 and 1.13, respectively. After one month of
~~immunization~~ with rubella vaccine, the positive rates and GMTs of HI
antibody were 97.67%, 95.56% 97.67%, 98.18%, 97.96%, 96.67% and 110.17,
197.02, 155.32, 177.63, 192.92, 142.17, respectively. There was no
significant difference on immuno-response to rubella vaccine in children
regardless the previous titers. Taking these results together with the
current vaccine ~~immunization~~ schedule for expanded programme on
~~immunization~~ (EPI) in China into consideration, the author
recommended that the ~~immunization~~ schedule at first vaccination
for BRD II strain rubella vaccine should be started at 8 month olds.

Tags: Female; Male
Descriptors: *Rubella--prevention and control--PC; *Rubella Vaccine
--immunology--IM; *Vaccination; Age Factors; Hemagglutination
Inhibition Tests; Humans; Immunization Schedule; Infant; Vaccines,
Attenuated--immunology--IM

CAS Registry No.: 0 (Rubella Vaccine); 0 (Vaccines, Attenuated)
Record Date Created: 19981216
Record Date Completed: 19981216

28/5/20 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
11273243 PMID: 7955519 Record Identifier: PMC1534411
HIV-1 recombinant gp160 vaccine given in accelerated dose
schedules. NIAID AIDS Vaccine Clinical Trials Network.
Gorse G J; Schwartz D H; Graham B S; Matthews T J; Stablein D M; Frey S E
; Belshe R B; Clements M L; Wright P F; Eibl M; et al
Department of Internal Medicine, Saint Louis University School of
Medicine, MO.
Clinical and experimental immunology (ENGLAND) Nov 1994, 98 (2)
p178-84, ISSN 0009-9104--Print 0009-9104--Linking Journal Code: 0057202
Contract/Grant No.: N01-AI-05061; AI; NIAID NIH HHS United States;
N01-AI-05064; AI; NIAID NIH HHS United States; N01-AI-45211; AI; NIAID NIH
HHS United States; +
Publishing Model Print; Cites J Exp Med. 1964 Dec 1;120:1041-9 PMID
14238923; Cites Scand J Clin Lab Invest Suppl. 1968;97:77-89 PMID 4179068;
Cites J Am Med Assoc. 1955 Aug 6;158(14):1239-48 PMID 14392073; Cites J
Infect Dis. 1993 Dec;168(6):1387-95 PMID 8245523; Cites Proc Natl Acad Sci
U S A. 1993 Mar 15;90(6):2443-7 PMID 8460155; Cites J Infect Dis. 1993
Mar;167(3):533-7 PMID 8095059; Cites Lancet. 1993 Jul 10;342(8863):69-73 PM
ID 8100910; Cites Biotechnol Ther. 1991;2(1-2):91-106 PMID 1845126;
Cites Science. 1992 Jun 19;256(5064):1687-90 PMID 1609280; Cites Nature.
1992 Feb 20;355(6362):728-30 PMID 1741059; Cites AIDS Res Hum Retroviruses.
1991 May;7(5):485-93 PMID 1714748; Cites J Clin Microbiol. 1992
Oct;30(10):2606-12 PMID 1400960; Cites Vaccine. 1992;10(6):383-8 PMID
1534641; Cites Int J STD AIDS. 1990 Mar;1(2):126-8 PMID 2092787;
Cites Scand J Infect Dis. 1991;23(1):7-17 PMID 2028230; Cites J Infect Dis.
1991 Mar;163(3):448-53 PMID 1995718; Cites Ann Intern Med. 1991 Jan
15;114(2):119-27 PMID 1984386; Cites J Virol. 1988 Nov;62(11):4195-200 PMID
2845130; Cites AIDS Res Hum Retroviruses. 1989 Apr;5(2):159-71 PMID 2713166
; Cites J Infect Dis. 1989 Dec;160(6):960-9 PMID 2555423; Cites J Infect
Dis. 1989 Nov;160(5):766-9 PMID 2530289; Cites Nature. 1990 Jun
14;345(6276):622-5 PMID 2190095; Cites J Am Med Assoc. 1956 Dec
15;162(16):1451-9 PMID 13376316
Document type: Clinical Trial; Journal Article; Randomized Controlled
Trial; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS; AIDS/HIV
The purpose of this randomized, double-blind study was to test the
safety and immunogenicity of an HIV-1LA1 recombinant gp160 (rgp160)
vaccine in healthy, uninfected volunteers using accelerated dosing
schedules. Thirty volunteers were randomly assigned to receive
50-micrograms doses of rgp160 in one of two immunization schedules.
Group 1 received rgp160 at times 0, 1, 2 and 5 months; and group 2 received
rgp160 at times 0, 1, 2, 3 and 4 months. The vaccine was safe and
stimulated high levels of HIV-1 envelope-specific binding antibody and T
cell memory. There was a trend (P < 0.10) suggesting neutralizing
antibodies were better induced by the regimen incorporating a rest period
before the final immunization in group 1 volunteers. Both
accelerated immunization schedules induced immune responses at levels

similar to or better than those achieved by four rgp160 vaccine injections given over 12-18 months in other studies.

Tags: Female; Male

Descriptors: *AIDS Vaccines--administration and dosage--AD; *Vaccines, Synthetic--administration and dosage--AD; AIDS Vaccines--immunology--IM; Adult; Amino Acid Sequence; Analysis of Variance; Double-Blind Method; Enzyme-Linked Immunosorbent Assay; Gene Products, env--immunology--IM; HIV Envelope Protein gp160; Humans; Immunization Schedule; Middle Aged; Molecular Sequence Data; Protein Precursors--immunology--IM; Vaccines, Synthetic--immunology--IM
CAS Registry No.: 0 (AIDS Vaccines); 0 (Gene Products, env); 0 (HIV Envelope Protein gp160); 0 (Protein Precursors); 0 (Vaccines, Synthetic)
Record Date Created: 19941212
Record Date Completed: 19941212

28/5/22 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
10791899 PMID: 8336618
Childhood immunisation in general practice.
Levy M; Bridges-Webb C
New South Wales Health Department, North Sydney.
Medical journal of Australia (AUSTRALIA) Aug 2 1993, 159 (3) p177-81
, ISSN 0025-729X--Print 0025-729X--Linking Journal Code: 0400714
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

General practitioners provide 50% of childhood vaccination services in Australia. The routine schedule has been relatively stable for over 20 years, but new vaccine developments and an improved understanding of the epidemiology of the vaccine-preventable diseases will soon result in several major changes. General practitioners should review vaccination documentation and storage of vaccines, to ensure that the service they provide is of the highest standard. National targets for "age-appropriate" vaccination could be the basis for individual practices to assess their own performance.

Descriptors: *Family Practice; *Immunization; Australia; Child; Documentation; Drug Storage; Humans; Immunization Schedule; Public Health Administration; Records as Topic; Vaccines
CAS Registry No.: 0 (Vaccines)
Record Date Created: 19930826
Record Date Completed: 19930826

28/5/26 (Item 2 from file: 162)
DIALOG(R)File 162:Global Health
(c) 2010 CAB International. All rts. reserv.
0004269645 CAB Accession Number: 19862032278
Primary health care technologies at the family and community levels.
Report of the International Workshop, Kalutara, Sri Lanka, 28 October-2

November 1985.

Conference Title: Primary health care technologies at the family and community levels. Report of the International Workshop, Kalutara, Sri Lanka, 28 October-2 November 1985.

132pp.

Publication Year: 1986

United Nations Children's Fund, New York, USA

Editors: Wilson, R. G.; Ofosu-Amaah, S.; Belsey, M. A.

Publisher: Aga Khan Foundation Geneva, Switzerland

Language: English

Record Type: Abstract

Document Type: Conference proceedings

The success of primary health care strategy in fulfilling the aim of "Health for All" will depend, to a great extent, on success in demystifying health knowledge and on the transfer of appropriate health technologies sufficiently to empower family and community members to promote, protect and care for their own health. The greatest need for research is not into technological hardware but in methods of community organization, management, training, education, information, etc.

The adoption of appropriate technologies for delivery care at the family and community levels needs a knowledge of the traditional practices already present and a demonstrated respect for those practices that are technically sound and effective. Three types of midwifery kit are recommended for use by traditional birth-attendants depending on case-load and level of training. The relationship between traditional birth-attendants and health services staff should be one based on respect and the training of traditional birth-attendants should emphasize the 3 "cleans": clean hands, clean cutting and care of the umbilical cord, and a clean surface where the delivery is performed.

To be successful, immunization programmes need effective links between the community and the health services system that hold out the prospect of universal childhood immunizations. Research is needed into: simpler methods of vaccine administration, new immunization schedules to reduce the number of visits required; development of vaccines with greater stability, safety and effectiveness; new vaccines for the control of major disease groups; and cold-chain technology development.

In nutrition-related technologies, the child health and growth record card is the best link between the child, the community and the health-care system. Most urgent areas for research are: time and energy-saving devices to reduce the workload of women; methods for improving the energy density, viscosity and hygiene of weaning food; improved weighing scales and other methods for assessing nutritional status of newborns and children; improved growth monitoring and child health records, particularly those that can be a focus for increasing knowledge, skills and practices of family members; better methods for correcting and preventing vitamin A, iodine and iron deficiencies.

In communication technologies, participatory communication should always form an integral part of primary health care and must be a continuous process of interaction between health workers and community and it should be built on traditional communication structures, systems and beliefs and maximize the use of local resources, especially human resources. Multi-media approaches are likely to work best in reaching the target audience and in reinforcing the messages. Consistency of messages is crucial. Major areas for research include: development of practical,

lightweight, durable, easily maintained communication equipment for field use; studies of existing community technologies for communication-especially folk media; improving training in participatory communication methods for community health workers, mid-level health workers, health educators and supervisory staff; improving methods of coordination within and between institutions involved in health communication, aimed at consistency and coherence of messages, their reinforcing effect, and ultimately, cost effectiveness.

DESCRIPTORS: Primary health care

IDENTIFIERS: technologies; towards more effective use of primary health care technologies

CABICODES: Health Services (UU350)

28/5/28 (Item 2 from file: 74)

DIALOG(R)File 74:Int.Pharm.Abs

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00070413 19-01650

IMMUNIZATIONS FOR INTERNATIONAL TRAVEL AS A PHARMACEUTICAL SERVICE

Huff, P. S.; Hak, S. H.; Caiola, S. M.

104 Beard Hall 200H, Univ. of North Carolina at Chapel Hill, Chapel Hill, NC 27514

American Journal of Hospital Pharmacy (USA), V39, (Jan), p90-93, 1982

CODEN: AJHPA9 ISSN: 0002-9289 LANGUAGE: English RECORD TYPE: Abstract

A pharmaceutical service using physician approved guidelines to select, administer, and monitor appropriate immunizations and prophylactic medications for patients who plan international travel is described.

A written protocol was designed for the clinical pharmacists to use in developing an immunization and infectious disease prophylaxis plan based on individual patient needs. The protocol was approved by the pharmacy, therapeutics, and standing orders committee of the community health center. Information and recommendations were based on current medical literature and the publications of the Department of Health and Human Services. One physician maintains supervisory responsibility for the program by ownership of the "uniform stamp" for vaccine certification.

The pharmacist interviews the patient to determine his health status and travel plans, including anticipated living conditions, standards of sanitation, and duration of stay in all sites to be visited abroad. The pharmacist records a brief history of previous immunizations, adverse reactions, allergies, chronic illnesses and medications, and any current acute illnesses. The pharmacist discusses the required and recommended immunizations with the patient in detail, and gives him a general information pamphlet. A fee is charged for the interview, administering the injections, and for the products administered.

The guidelines in this paper may be used by other pharmacists who wish to expand their roles in ambulatory health care settings.

Lentine (9 references)

DESCRIPTORS: Immunization -- pharmacy services, guidelines, programs, international travel; Pharmacy services -- immunization, guidelines, programs, international travel; Guidelines -- immunization, pharmacy services, programs, international travel; Clinical pharmacists

-- immunization, programs, guidelines, international travel;
Ambulatory care -- immunization, clinical pharmacists, programs,
guidelines, international travel
SECTION HEADINGS: Pharmacy practice (24)

28/5/29 (Item 1 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2010 The Thomson Corp. All rts. reserv.
11496155 Genuine Article#: 657QJ Number of References: 8
Title: Tolerability of multiple vaccinations in travel medicine
Author: Borner N; Muhlberger N; Jelinek T (REPRINT)
Corporate Source: Inst Trop Med, Spandauer Damm 130/D-14050 Berlin//Germany/
(REPRINT); Univ Munich, Dept Trop Med & Infect Dis, Munich//Germany/
Journal: JOURNAL OF TRAVEL MEDICINE, 2003, V10, N2 (MAR-APR), P112-116
ISSN: 1195-1982 Publication Date: 20030300
Publisher: B C DECKER INC, 20 HUGHSON ST SOUTH, PO BOX 620, L C D 1,
HAMILTON, ONTARIO L8N 3K7, CANADA
Language: English Document Type: ARTICLE
Geographic Location: Germany
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Abstract: Background: Due to time constraints imposed by pending departure
dates of travelers, the application of multiple vaccinations is
commonly practiced in pretravel counseling. However, data regarding the
tolerability of schedules with simultaneous vaccinations
with different products are sparse.

Method: In order to investigate effects of this practice, a
prospective study was conducted with 1,183 healthy travelers who
presented prior to their departure. Standardized questionnaires
covering possible side effects were collected during and after
vaccination.

Results: Results showed an increase of the overall frequency of
side effects with an increasing number of simultaneously applied
vaccines. In travelers with two or more vaccinations, side
effects occurred less frequently than previously published. In
double vaccinations, side effects occurred in 36.7% of vaccinees,
triple vaccinations in 40.3%, in more than three
vaccinations in 50.0%. Subjective rating by the vaccinees showed
an excellent tolerability of multiple vaccinations.

Conclusion: Multiple vaccines can be given at the same
time with limited subjective side effects. These findings may increase
the acceptability of vaccinations given in combination to
travelers.

Identifiers: KeyWord Plus(R): HEPATITIS-A; TYPHOID-FEVER; IMMUNOGENICITY;
VACCINES; SAFETY

Cited References:

FLUGTOURISMUS DTSCHE
*WHO, TOUR HIGHL 2001
BOVIER PA, 1999, V6, P228, J TRAVEL MED
DUMAS R, 1997, V14, P160, ADV THER
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KHOO SH, 1995, V310, P908, BRIT MED J
VANHOECKE C, 1998, V5, P116, J TRAVEL MED
VODOPIJA I, 1997, V4, P114, J TRAVEL MED

B. NPL Files, Full-text

File 634:San Jose Mercury Jun 1985-2010/Mar 11
(c) 2010 San Jose Mercury News

File 20:Dialog Global Reporter 1997-2010/Mar 15
(c) 2010 Dialog

File 15:ABI/Inform(R) 1971-2010/Mar 13
(c) 2010 ProQuest Info&Learning

File 624:McGraw-Hill Publications 1985-2010/Mar 15
(c) 2010 McGraw-Hill Co. Inc

File 9:Business & Industry(R) Jul/1994-2010/Mar 13
(c) 2010 Gale/Cengage

File 16:Gale Group PROMT(R) 1990-2010/Mar 12
(c) 2010 Gale/Cengage

File 148:Gale Group Trade & Industry DB 1976-2010/Mar 12
(c) 2010 Gale/Cengage

File 160:Gale Group PROMT(R) 1972-1989
(c) 1999 The Gale Group

File 275:Gale Group Computer DB(TM) 1983-2010/Feb 03
(c) 2010 Gale/Cengage

File 621:Gale Group New Prod.Annou.(R) 1985-2010/Jan 25
(c) 2010 Gale/Cengage

File 636:Gale Group Newsletter DB(TM) 1987-2010/Feb 09
(c) 2010 Gale/Cengage

File 149:TGG Health&Wellness DB(SM) 1976-2010/Jan W4
(c) 2010 Gale/Cengage

File 441:ESPICOM Pharm&Med DEVICE NEWS 2010/Mar W2
(c) 2010 ESPICOM Bus.Intell.

File 444:New England Journal of Med. 1985-2010/Mar W1
(c) 2010 Mass. Med. Soc.

File 455:Drug News & Perspectives 1992-2005/Aug
(c) 2005 Prous Science

File 129:PHIND(Archival) 1980-2010/Mar W2
(c) 2010 Informa UK Ltd

File 130:PHIND(Daily & Current) 2010/Mar 15
(c) 2010 Informa UK Ltd

File 484:Periodical Abs Plustext 1986-2010/Mar 15
(c) 2010 ProQuest

Set	Items	Description
S1	37098	(IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULATION? OR INNOCULATION?) (5N) (SCHEDUL? OR TIMETABLE? OR CALENDAR? OR PLAN OR PLANS OR DATE OR DATES OR MANAGEMENT)
S2	3513	S1(12N) (CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALIS? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3	1313669	(ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE OR APPLY? OR APPLIE? OR APPLICATION? OR INJECT? OR PERFORM?)-(6N) (SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPRAYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMMUNIZ? OR IMMUNIS? OR VACCINAT?
S4	53253	S3(8N) (PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TODAY)
S5	70879	S3(8N) (PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6	35153355	APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR "NOT" (2W) (EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROP-

RIATE)

S7 16296294 WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?

S8 1206843 (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHILDREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT OR INFANTS OR BABY OR BABIES) (5N) (RECORD OR RECORDS OR EMR OR EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHARTS OR DOCUMENT? OR INFORMATION)

S9 8 AU=(GRASSO K? OR GRASSO, K? OR GRASSO (2N) (K OR KAY))

S10 19 AU=(GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N) (T OR THOMAS-))

S11 10 AU=(HORD J? OR HORD, J? OR HORD (2N) (J OR MARK))

S12 28 AU=(SHOUP D? OR SHOUP, D? OR SHOUP (2N) (D OR ALLAN))

S13 0 S9 AND S10 AND S11 AND S12

S14 65 S9:S12

S15 1 S14 AND S3

S16 155 S2(S) (S5 OR S8)

S17 48 S16(S) (S4 OR S6 OR S7)

S18 32 S17 NOT S17/2004:2010

S19 24 RD (unique items)

S20 0 S2(S) S4(S) S5(S) (S6 OR S7)

S21 1 S2(S) S4(S) S8(S) (S6 OR S7)

S22 17 S2(S) S5(S) (S6 OR S7)

S23 15 S22 NOT S22/2004:2010

S24 13 RD (unique items)

S25 24 S19 OR S24

25/3,K/4 (Item 4 from file: 20)

DIALOG(R)File 20:Dialog Global Reporter

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08274628 (USE FORMAT 7 OR 9 FOR FULLTEXT)

Pediatric Immunization Management Simplified by PRISM Software

BUSINESS WIRE

November 17, 1999

JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 704

...CDC, state and federal requirements.

PRISM, a product of Enterprises Computing Services, Inc. (ECS), simplifies and enhances immunization management, allowing clinicians to maximize time with patients while minimizing time performing record keeping, reporting, and patient scheduling. It automatically tracks immunizations, calculates due dates, controls vaccine inventories, and prints all necessary reports and certificates easily. Key benefits of PRISM Software include streamlining the process of immunization management; saving valuable staff time and money; helping maintain regularly scheduled patient visits; maintaining accurate immunization history; and managing inventory.

25/3,K/6 (Item 1 from file: 16)

DIALOG(R)File 16:Gale Group PROMT(R)

(c) 2010 Gale/Cengage. All rts. reserv.

09479332 Supplier Number: 83366342 (USE FORMAT 7 FOR FULLTEXT)

FEATURE/Keane Provides Immunization Registry for Ohio Department of Health;
Provides Physicians Immediate Access to Vaccination Histories.

Business Wire, p2077

March 1, 2002

Language: English Record Type: Fulltext

Document Type: Newswire; Trade

Word Count: 796

... thorough immunization records. In addition, the systems provides a literal 'shot in the arm' to our communities."

The system provides physicians with the complete vaccination history of all patients including adverse events, dates of last immunization, and missed vaccines. Patient records are updated real-time and personalized immunization reports are emailed directly to health care providers. Immunization reports are compiled online and vaccination scheduling is handled automatically through reminder notifications sent via email and U.S. mail. The system can also be easily adapted to include and track immunizations administered in response to a possible...

25/3,K/7 (Item 2 from file: 16)

DIALOG(R)File 16:Gale Group PROMT(R)

(c) 2010 Gale/Cengage. All rts. reserv.

05587422 Supplier Number: 48457803 (USE FORMAT 7 FOR FULLTEXT)

Baby Album Deluxe from Expert Software.

Business Wire, p5011129

May 1, 1998

Language: English Record Type: Fulltext

Document Type: Newswire; Trade

Word Count: 853

... medical

history, doctor visits and immunization records. Reminders keep you in the know about various types of immunizations and gives you doctors' age recommendations regarding immunization scheduling.

-- The Word Feature, allows parents to create a list of vocabulary

words and enter specific details surrounding the scenarios of those once-in-a-lifetime moments. A word count keeps track of...

25/3,K/12 (Item 1 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

(c) 2010 Gale/Cengage. All rts. reserv.

02946471 SUPPLIER NUMBER: 108881290

Plenty of flu vaccine is available this year: production proceeding

apace.(Infectious Diseases)

Splete, Heidi

Pediatric News, 37, 9, 8(1)

Sept,

2003

PUBLICATION FORMAT: Magazine/Journal ISSN: 0031-398X LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 349 LINE COUNT: 00032

... for this year, which will make life easier for physicians by giving them maximal flexibility in their flu vaccination plans.

Following a request from the Advisory Committee on Immunization Practices (ACIP), the CDC--along with the Food and Drug Administration and flu vaccine manufacturers--now reviews the vaccine supply prior to flu season and advises physicians of any delays or shortages. This annual review will help physicians decide whether to prioritize their vaccination plans should delays or shortages occur.

When developing the tiered system in previous years, ACIP indicated that at-risk target groups included:

- * Those aged 65 years or older.
- * Nursing home and other chronic...

25/3,K/15 (Item 4 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01826227 SUPPLIER NUMBER: 54099102 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Pocket Guide to Pediatric Assessment, 3d ed.(Review)
Gilman, Cyrena
ANNA Journal, 26, 1, 52(1)
Feb,1999
DOCUMENT TYPE: Review PUBLICATION FORMAT: Magazine/Journal; Refereed
ISSN: 8750-0779 LANGUAGE: English RECORD TYPE: Fulltext
TARGET AUDIENCE: Professional
WORD COUNT: 282 LINE COUNT: 00028

... as hints for concluding the examination.

Many tables, illustrations, and photographs serve to clarify points made in the text. The interpretation of findings and clinical alerts in the tables are particularly helpful. Appendices include the developmental assessment, growth charts, immunization schedules, and sample documentation of a child's health history.

The information presented in this book will, indeed, be very useful to both students and practicing nurses who perform physical assessments of children as part of their...

25/3,K/18 (Item 7 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01602916 SUPPLIER NUMBER: 17434479 (USE FORMAT 7 OR 9 FOR FULL TEXT)
First vaccine for chickenpox. (includes related article on treatment for chickenpox)
Stehlin, Isadora B.
FDA Consumer, v29, n7, p6(5)
Sept,
1995
PUBLICATION FORMAT: Magazine/Journal ISSN: 0362-1332 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Trade
WORD COUNT: 2575 LINE COUNT: 00208

... if you're younger. But two shots provide immune responses comparable to what younger people get."

For children, the vaccine has been shown to be ~~safe~~ and effective and can be administered at the same time as the measles, mumps and rubella vaccine. (The MMR vaccine is given at 15 months and again between 4 and 6 years or ~~before~~ junior high or middle school. See "Kids' Vaccinations Get a Little Easier," in the March 1994 FDA Consumer.) Public health officials hope that being able to give the chickenpox vaccine along with an already ~~scheduled~~ vaccine will encourage vaccination.

Vaccine Development

Varivax's ~~development~~ began with a sample of varicella (chickenpox) virus isolated from the blood of a 3-year-old Japanese boy in 1972. Japanese researcher Michiaki Takahashi...

25/3,K/19 (Item 8 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01498909 SUPPLIER NUMBER: 16933073 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Immunization update. (adapted from the Journal of the American Medical Association, March 1, 1995)
Pediatrics for Parents, p3(1)
Dec,
1994
PUBLICATION FORMAT: Newsletter ISSN: 0730-6725 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 280 LINE COUNT: 00022

The generally accepted childhood immunization schedule changes for a number of reasons. New vaccines are ~~approved~~ for use and have to be integrated into the schedule also, researchers have found that vaccines are effective at a younger age than ~~previously~~ thought.

In this country, two groups propose ~~immunization~~ schedules: the Advisory Committee on Immunization Practices and the Committee on Infectious Diseases of the American Academy of Pediatrics. Recently these two groups, after consultation with other groups including the American Academy of Family Physicians, ~~developed~~ the latest recommended childhood ~~immunization~~ schedule.

How long this ~~schedule~~ will be considered the optimum is unknown. New vaccines, new research, doctors preferences, and parental acceptance of the costs and number of immunizations given at...

25/3,K/21 (Item 10 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01193182 SUPPLIER NUMBER: 08070193 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Immunization update '89. (1989 Canadian Immunization Guide; includes related articles on measles and immunization, etc.)
Health News, v7, n5, p11(5)
Oct,1989
PUBLICATION FORMAT: Newsletter ISSN: 0821-3925 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 2516 LINE COUNT: 00216

... per cent claiming they had been vaccinated. But some vaccination records were missing, possibly inaccurate or didn't state the vaccine lot

used. The National Advisory Committee on Immunization (NACI) of Health and Welfare Canada regards the elimination of measles in Canada as a top priority. To achieve it, a high rate of immunization must be reached and kept up. The recent outbreaks highlight the pressing need for more widespread immunization, especially among school children. Alerting symptoms of measles include: fever (38.3[degrees]C or higher), runny nose, red eyes, cough, white spots inside the mouth (hard to see), and immunized on schedule. During an outbreak, measles vaccination within three days of exposure can usually prevent the illness from developing, and may even be considered for infants as young as six months (although they'd need re-vaccination soon after their first birthday). Side effects...

...transient swelling and redness at the injection site and fever in 15 per cent of vaccine recipients five to 12 days after vaccination. NACI recommends documented proof of immunity for all children on entry to day care centres and schools or similar settings. In jurisdictions where voluntary programs are ineffective, legislation should be introduced. Such legislation does not force immunization. It simply requires a choice of action: show proof of previous immunization or of having had the disease; be immunized now; get medical exemption; or lastly, sign a philosophic-religious exemption form. Children in the last two categories might be excluded from school during an...

...immunized this is not high enough to prevent measles epidemics -- it must approach 95 per cent to effectively stop its spread. People should keep a record of their own and their children's immunization history -- what shots they've had and when. While current guidelines have not yet been revised, people should be revaccinated against measles if unsure whether or not they have had the disease or been vaccinated in the past. (Re-immunization with the modern vaccine poses no risks.) Pregnant women are advised against all live vaccines, including measles, which could theoretically harm the fetus....

25/3,K/23 (Item 2 from file: 484)
DIALOG(R)File 484:Periodical Abs Plustext
(c) 2010 ProQuest. All rts. reserv.
02769182 SUPPLIER NUMBER: 96138402 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Using computer-tailored calendars to promote childhood immunization
Kreuter, Matthew W; Vehige, Ellen; McGuire, Antonia G
Public Health Reports (PPHL), v111 n2, p176-178
Mar 1996
ISSN: 0033-3549 JOURNAL CODE: PPHL
DOCUMENT TYPE: Feature
LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1577 LENGTH: Long (31+ col inches)

TEXT:

... environment that could influence his or her health (smokers living in household and ownership of a smoke detector(s), telephone service, a car, and age-appropriate child safety restraints). A color photograph of each baby was also taken for use on the calendar. Following the enrollment interviews, participants signed up for one of four focus group interviews to be held the following week. During the focus groups, each participant received two tailored monthly immunization

calendars. Four months later, participants were interviewed and their babies' medical records reviewed to determine current immunization status.

Intervention. Computer tailoring is based up theories and empirical evidence suggesting that people pay more attention to personally relevant information.(9,10) Studies have...